04/17/2009 15:06

Image# 29933567181

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1.		USE FEC MAILING LABEL OR TYPE OR PRINT ♥ Example:If typing, type over the lines	
Ш	American Hospital Association	PAC	
Ш			
AD	DRESS (number and street)	325 Seventh Street, NW	
_	Check if different	Suite 700	
L	than previously reported. (ACC)	Washington	DC 20004
2.	FEC IDENTIFICATION NUMBER	BER ♥ CITY ♠	STATE A ZIPCODE A
	C00106146	3. IS THIS REPORT (N) OR	X AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5) Due On: May 20 (M6)	Year Only)  Dec 20 (M12)
	(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9) (Non-Election Year Only)
	April 15 Quarterly Report(Q1 July 15	(c) 12-Day Primary (12P)	Oct 20 (M10) Jan 31 (YE)  X General (12G) Runoff (12R)
	Quarterly Report(Q2 October 15 Quarterly Report(Q3	Report for the: Convention (12C)	Special (12G)
	January 31 Quarterly Report(YE	11 04	2 0 0 8 in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election General (30G)	Runoff (30R) Special (30S)
	Termination Report (TER)	Report for the:  Election on	in the State of
5.	Covering Period 1 0	0 1 2 0 0 8 through 1 0	15 2008
l ce	ertify that I have examined this R	eport and to the best of my knowledge and belief it is true, correct	and complete.
Тур	e or Print Name of Treasurer	Ms. Melinda Hatton	
Sig	nature of Treasurer Ele <u>ctron</u>	ically Filed by Ms. Melinda Hatton	Date 04 17 2009
NO	TE : Submission of false, erron	eous, or incomplete information may subject the person signing th	nis Report to the penalties of 2 U.S.C 437g.
	Office Use Only		FEC FORM 3X (Rev. 12/2004)
FE6	SAN026		

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC <sup>®</sup> D <sup>b</sup> D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 1507360.96 January 1 (b) Cash on Hand at 1334725.83 Begining of Reporting Period ..... 98584.48 1183376.84 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1433310.31 2690737.80 6(a) and 6(c) for Column B) ..... 67618.84 1325046.33 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 1365691.47 1365691.47 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

1 0

From:

01

2008

To:

м м 1 0 <sup>D</sup> 1<sup>D</sup>5

2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	56133.04	471080.83
(ii) Unitemized	24551.44	259994.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80684.48	731074.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	975.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80684.48	732049.92
Transfers From Affiliated/Other     Party Committees	17900.00	419060.33
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)  6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	28000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4266.59
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98584.48	1183376.84
Total Federal Receipts     (subtract Line 18(c) from Line 19)	98584.48	1183376.84

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	368.84	103131.25
	Expenditures(c) Total Operating Expenditures	000.04	100101.20
	(add 21(a)(i), (a)(ii) and (b))	368.84	103131.25
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	67250.00	1130700.00
24.	Independent Expenditure	0.00	88000.00
25.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	804.75
	(b) Political Party Committees	0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
	(such as PACs)	0.00	1560.33
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2365.08
	(aud Lilles 20(a), (b), aliu (c))		
29.	Other Disbursements	0.00	850.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	67618.84	1325046.33
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	67618.84	1325046.33
		0,010.01	10200 10.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

 II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) Line 11(d), page 3)	80684.48	732049.92
 Contribution Refunds Line 28(d))	0.00	2365.08
ontributions (other than loans) ract Line 34 from Line 33)	80684.48	729684.84
Federal Operating Expenditures Line 21(a)(i) and Line 21(b))	368.84	103131.25
ts to Operating Expenditures Line 15, page 3)	0.00	0.00
perating Expenditures ract Line 37 from Line 36)	368.84	103131.25

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard Aubut Mailing Address 55 Fogg Road  City South Weymouth  FEC ID number of contributing federal political committee.  Name of Employer South Shore Hospital  Receipt For: Primary General	State Zip Code MA 02190-2432  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Terry W Andrus Mailing Address 414 N. 10th Street  City Opelika  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code AL 36801-5452  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
East Alabama Medical Center  Receipt For:  Primary General  Other (specify)	President  Aggregate Year-to-Date ▼  1000.00	Date of Receipt
Mailing Address 2190 Springwood D  City  Auburn  FEC ID number of contributing federal political committee.  Name of Employer East Alabama Medical Center	State Zip Code AL 36830-7200  C  Occupation Asst. VP/Controller	Transaction ID: 15976973  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary General  Other (specify)   SUBTOTAL of Receipts This Page (optional	Aggregate Year-to-Date ▼ 1000.00	2500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Christopher Clark Mailing Address 13045 Sawyer Drive  City Opelika  FEC ID number of contributing federal political committee.  Name of Employer East Alabama Medical Center Receipt For:	State Zip Code AL 36801  C  Occupation Assistant Vice President  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gregory Nichols	1000.00	Date of Receipt
Mailing Address 22136 Veterans Memo	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 15976975
Lafayette FEC ID number of contributing federal political committee.	AL 36862-3022	Amount of Each Receipt this Period  1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Assistant Vice President, Operations	;
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Ken Lott		Date of Receipt
Mailing Address 1567 Oak Hill Circle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15976976
Auburn  FEC ID number of contributing federal political committee.	AL 36832-6798	Amount of Each Receipt this Period
Name of Employer East Alabama Medical Cent- er	Occupation Vice President, Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  Mr. Sam Price		Date of Receipt		
Mailing Address 2000 Pepperell Park				
City	State Zip Code	Transaction ID: 15976980		
<u>Opelika</u>	AL 36802-3201	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer East Alabama Medical Cent- er	Occupation Vice President, Finance			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial)  Ms. Carey M. Owen  Mailing Address 2520 Springwood D	Date of Receipt			
		10 01 2008		
City	State Zip Code	Transaction ID: 15976981		
<u>Auburn</u>	AL 36830-7236	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer East Alabama Medical Cent- er	Occupation Vice President			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Ms. Laura Grill		Date of Receipt		
Mailing Address 2000 Pepperell Park				
City	State Zip Code	Transaction ID: 15976982		
<u>Opelika</u>	AL 36801-5422	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer East Alabama Medical Cent- er	Occupation Vice President, Patient Services			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1000.00			
SUBTOTAL of Receipts This Page (optional		3000.00		
TOTAL This Period (last page this line number	·			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 9/8/   (check only one)     X   11a     11b     11c     12     13     14     15     16	
Any information copied from such Reports and	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	for commercial purposes, other than using the name and address of any political committee to so			
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Mr. Michael Lisenby				
Mailing Address 807 Laurel Street	10 01 2008			
City State Zip Code		Transaction ID: 15976983		
<u>Opelika</u>	AL	36801-3519	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer East Alabama Medical Cent- er	Occupation Chief Me	n dical Officer		
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Primary General	' '	1000.00		
Other (specify) ▼		0 0 0 0 0 0 0		
Full Name (Last, First, Middle Initial) John T Chitton			Date of Receipt	
Mailing Address 229 Lee Road 716			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 15976984	
Auburn	AL	36830-8534	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer East Alabama Medical Cent- er	Occupation Vice Pres	n sident/CIO		
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Primary General		1000.00	7	
Other (specify) ▼	0 0	1000.00	_	
Full Name (Last, First, Middle Initial) Ms. Janice Baker	•		Date of Receipt	
Mailing Address 1798 Ogletree Road			10 01 2008	
City	State	Zip Code	Transaction ID: 15976993	
Auburn	AL	36830-7258	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer East Alabama Medical Cent- er	Occupation Vice Pres			
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Primary General		1000.00	7	
Other (specify)	0 0	1000.00	7	
SUBTOTAL of Receipts This Page (optional)			3000.00	
TOTAL This Period (last page this line number	er only)			

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
ny information copied from such Reports and Starr for commercial purposes, other than using the na	tements may not be sold or used by any persor ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Jane Robertson		Date of Receipt
Mailing Address 2161 Wedgewood Court	10 01 7 2008	
City Auburn	State Zip Code AL 36830-2582	Transaction ID: 15976994
FEC ID number of contributing federal political committee.	C 30030-2302	Amount of Each Receipt this Period  1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Asst. V.P.	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe	Date of Receipt	
Mailing Address 4293 Al Hwy. 169	10 01 2008	
City	State Zip Code	Transaction ID: 15976995
<u>Opelika</u>	AL 36804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Vice President & Administration	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carol Murphey	Date of Receipt	
Mailing Address 2710 Rocky Brook Rd.	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 2 0 0 8	
City	State Zip Code	Transaction ID: 15976996
<u>Opelika</u>	AL 36801-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Asst. VP/ Outside Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or	<b>&gt;</b>	30

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts ar	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 87  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Linda U Jordan		Date of Receipt
Mailing Address 37 McDaniel Road		10 01 2008
City	State Zip Code	Transaction ID: 15976997
Cragford	AL 36255-6502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Clay County Hospital	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Mr. Thomas H. Hale, M.D. Mailing Address 12749 Topping Acre	es	Date of Receipt
City	State Zip Code	Transaction ID: 15977009
Saint Louis	MO 63131-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. John's Mercy Health Care	Occupation President, Mercy Medical Group	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. David R Lincoln		Date of Receipt
Mailing Address 420 Bedford Street		M M / D D / Y Y Y Y Y Y 1 1 0 0 1 2 0 0 8
City	State Zip Code	Transaction ID: 15977094
Lexington	MA 02420-1508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Covenant Health Systems, Inc.	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optiona	J)	1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12/87   (check only one)	
Any information copied from such Reports a or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s			
NAME OF COMMITTEE (In Full)  American Hospital Association PA		, , , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial) Ms. Lynn M Abrahamsen			Date of Receipt	
Mailing Address 701 Park Avenue S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Minneapolis	State MN	Zip Code 55415-1829	Transaction ID: 15979940	
FEC ID number of contributing federal political committee.	C	33413-1029	Amount of Each Receipt this Period  500.00	
Name of Employer Hennepin County Medical Center	Occupation Administ			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD			Date of Receipt	
Mailing Address 2550 University Avenue W.			10 03 YYYYY 100008	
City Saint Paul	State MN	Zip Code 55114-1052	Transaction ID: 15979941  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	33114 1032	220.00	
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice Pres	n s, Regulatory/Strategic Affair		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 277.99		
Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt	
Mailing Address 306 East College Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Tallahassee	State FL	Zip Code 32301-1522	Transaction ID: 15979964	
FEC ID number of contributing federal political committee.	C	32301-1322	Amount of Each Receipt this Period  50.00	
Name of Employer Florida Hospital Associat- ion	Occupation Presiden	t		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 414.59		
SUBTOTAL of Receipts This Page (option:	al)		770.00	

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)  X 11a 11b 11  13 14	PAGE 13/87
Any information copie or for commercial put		atements mand add	y not be sold or used by any pers dress of any political committee to	on for the purpose of solio solicit contributions fron	citing contributions n such committee.
1	oital Association PAC				
Ms. Karen J Kellie,	Full Name (Last, First, Middle Initial) Ms. Karen J Kellie, , R.N.				
Mailing Address	3960 Campbell Road			10 03	2008
City		State	Zip Code	Transaction ID: 1	5980610
New Meadows		ID	83654-5031	Amount of Each F	eceipt this Period
FEC ID number o federal political co		C			150.00
Name of Employe McCall Memorial	r Hospital	Occupatio Presiden	n t and Administrator		
Receipt For: Primary	General	Aggregate	e Year-to-Date ▼	1	
Other (spec	ify) ▼	0 0	500.00		
Full Name (Last, First, Middle Initial) Mr. Craig M Ames, FACHE				Date of Receipt	
	6511 Mesaverde Drive	M M / D C			
City		State	Zip Code	Transaction ID: 1	5980959
Lincoln		NE	68510-5155	Amount of Each F	
FEC ID number o federal political co		C			350.00
Name of Employe BryanLGH Medica	r al Center	Occupatio Presiden	n t and Chief Operating Office	er	
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 350.00	]	
Full Name (Last, F	First, Middle Initial)			Date of Receipt	
Mailing Address	P O Box 'N'			10 03	
City		State	Zip Code	Transaction ID: 1	5980960
Syracuse		NE	68446-0518	Amount of Each F	eceipt this Period
FEC ID number o federal political co		С			350.00
Name of Employe Community Memo	r orial Hospit-	Occupatio Chief Exc	n ecutive Officer		
Receipt For:	General	Aggregate	e Year-to-Date ▼		
	ify) ▼		350.00	1.1	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Harold L Krueger, , Jr.  Mailing Address 525 Main Street  City Chadron  FEC ID number of contributing federal political committee.  Name of Employer Chadron Community Hospital and Health Receipt For:  Primary General Other (specify)	State Zip Code NE 69337  C  Occupation Chief Executive Officer  Aggregate Year-to-Date   350.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Ms. Claudia Eisenmann Mailing Address 10326 Hwy. 10  City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Dickinson  FEC ID number of contributing federal political committee.	ND 58601-9570	Amount of Each Receipt this Period 350.00
Name of Employer St. Joseph's Hospital and Health Cente Receipt For:  Primary  General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker		Date of Receipt
Mailing Address 7800 South Eagle Ro  City	ad State Zip Code	1 0 0 3 2 0 0 8 Transaction ID: 15981007
<u>Columbia</u>	MO 65203-9017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.35
Name of Employer Missouri Hospital Associa- tion Receipt For:  Primary General Other (specify) ▼	Occupation Senior VP, Commc. & Health Improv Aggregate Year-to-Date   350.00	vement
		719.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine		Date of Receipt
Mailing Address 12675 Riviera Heights  City	Road State Zip Code	1 0 0 3 2 0 0 8 Transaction ID: 15981011
Holts Summit	MO 65043-2039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.48
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Health Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon		Date of Receipt
Mailing Address 611 Belridge Drive P.O. Box 60		10 03 7 2008
City	State Zip Code MO 65109-0755	Transaction ID: 15981015
Jefferson City  FEC ID number of contributing federal political committee.	MO 65109-0755	Amount of Each Receipt this Period  19.35
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Governmental Re	<del></del> elat
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff		Date of Receipt
Mailing Address 5119 Coventry Waye		10 / 03 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City Jefferson City	State Zip Code MO 65101-8284	Transaction ID: 15981019
FEC ID number of contributing federal political committee.	MO 65101-8284	Amount of Each Receipt this Period  19.35
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		94.18
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Data of Bassian
Mr. Jerry M. Sill, J.D.  Mailing Address 2906 Valley View Te	errace	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15981026
Jefferson City	MO 65109-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.35
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & General Cour	nse
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Marc D. Smith		Date of Receipt
Mailing Address 5612 Tanner Bridge	Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15981027
Jefferson City	MO 65101-8275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.48
Name of Employer Missouri Hospital Associa- tion	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Joseph E Morris		Date of Receipt
Mailing Address 2003 Lincoln Way		10 06 2008
City	State Zip Code	Transaction ID: 15983719
Coeur D Alene	ID 83814-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kootenai Medical Center	Occupation Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	)	574.83

Full Name of Mercy Name of Nam	OF COMMITTEE (In Full) can Hospital Association PAC  me (Last, First, Middle Initial) eph Messmer  Address 1512 12th Avenue Roac  a  number of contributing political committee.  of Employer Medical Center	State ID C Occupation President Aggregate	Zip Code 83686-6008	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Mercy Name of Nam	me (Last, First, Middle Initial) eph Messmer Address 1512 12th Avenue Road number of contributing political committee. of Employer Medical Center t For: rimary General other (specify)  me (Last, First, Middle Initial) idolph Harrison	State ID  C Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼	Transaction ID: 15983720  Amount of Each Receipt this Period  500.00  Date of Receipt
Mr. Jose Mailing City Namp FEC ID federal Name of Mercy N Receipt Property N Full Nation Mr. Ran Mailing City North FEC ID federal	Address 1512 12th Avenue Road  a  number of contributing political committee.  of Employer Medical Center  t For: rimary General  other (specify)   me (Last, First, Middle Initial) idolph Harrison	State ID  C Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼	Transaction ID: 15983720  Amount of Each Receipt this Period  500.00  Date of Receipt
Receipt Recipt Recipt Rill Nam Mr. Ran Mailing City North FEC ID	number of contributing political committee.  of Employer Medical Center  It For: Irimary General  other (specify)   me (Last, First, Middle Initial) Indolph Harrison	State ID  C Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼	Transaction ID: 15983720  Amount of Each Receipt this Period  500.00  Date of Receipt
Namp. FEC ID federal Name of Mercy Necepipt Receipt PO Full Name Mr. Ran Mailing City North FEC ID federal	o number of contributing political committee.  of Employer Medical Center  It For:  Irimary General  Other (specify)   me (Last, First, Middle Initial)  Indolph Harrison	Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼	Amount of Each Receipt this Period 500.00  Date of Receipt  M M / D D / Y Y Y Y Y
Receipt Receipt P O Full Nam Mr. Ran Mailing City North FEC ID federal	o number of contributing political committee.  of Employer Medical Center  It For:  Irimary General  Other (specify)   me (Last, First, Middle Initial)  Indolph Harrison	Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼	Date of Receipt
Receipt Receipt P O Full Nam Mr. Ran Mailing City North FEC ID federal	political committee.  of Employer Medical Center  t For:  rimary General  other (specify)   me (Last, First, Middle Initial) odolph Harrison	Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼	Date of Receipt
Full Nar Mr. Ran Mailing City North FEC ID federal	t For:  Irimary General  Other (specify) ▼  me (Last, First, Middle Initial)  Indolph Harrison	President Aggregate	and Chief Executive Officer Year-to-Date ▼	Date of Receipt
Full Nar Mr. Ran Mailing City North FEC ID federal	rimary General Other (specify) ▼  me (Last, First, Middle Initial) Idolph Harrison	cle		M M / D D / Y Y Y Y
Full Nar Mr. Ran Mailing City North FEC ID federal	Other (specify) ▼ me (Last, First, Middle Initial) idolph Harrison		500.00	M M / D D / Y Y Y Y
Mr. Ran Mailing City North FEC ID federal	ndolph Harrison			M M / D D / Y Y Y Y
Mailing City North FEC ID federal	· ·			M M / D D / Y Y Y Y
North FEC ID federal		State		
FEC ID federal		Otalo	Zip Code	Transaction ID: 15984193
federal	Fort Myers	FL	33903-7100	Amount of Each Receipt this Period
Name o	number of contributing political committee.	C		250.00
Memori	of Employer ial Medical Center	Occupation Trustee		
	t For:  Irimary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial) ve Altmiller			Date of Receipt
Mailing	Address 801 West Maple Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 15984195
<u>Farmiı</u>	ngton	NM	87401-5698	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name o San Jua Center	of Employer an Regional Medical	Occupation President	and Chief Executive Officer	
Receipt	t For:	Aggregate	Year-to-Date ▼	
	rrimary General Other (specify) ▼	0 0	500.00	

Any information copied	from such Reports and Statem	for each category of the Detailed Summary Page  ents may not be sold or used by any perso	(check only one)  X 11a 11b 11c 12  13 14 15 16 17  on for the purpose of soliciting contributions
NAME OF COMMIT		e and address of any political committee to	solicit contributions from such committee.
Full Name (Last, Fin Ms. Belinda Brown Co			Date of Receipt
walling Address	21 Clear Creek Road		10 10 2008
City		State Zip Code	Transaction ID: 15990006
Langhorne FEC ID number of o	ontributing	PA 19047-2306	Amount of Each Receipt this Period  5.00
federal political com	Tittlee.		
Name of Employer New Jersey Hospita iation	I Assoc-	ccupation ice President, Human Resources	
Receipt For:		ggregate Year-to-Date ▼	7
Primary Other (specify	General ) ▼	215.00	
Full Name (Last, Fire	st, Middle Initial)		Date of Receipt
	180 Lower Mountain Road	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: 15990015
New Hope		PA 18938-5760	Amount of Each Receipt this Period
FEC ID number of c federal political com		C	25.42
Name of Employer New Jersey Hospita iation	I Accoo	ccupation r. VP., Health Economics	1
Receipt For: Primary Other (specify	General	ggregate Year-to-Date ▼ 278.77	
Full Name (Last, Firm Mr. Fredrick J. Jacobs	•		Date of Receipt
Mailing Address 2	3 E. Delaware Avenue		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: 15990017
Pennington		NJ 08534-2302	Amount of Each Receipt this Period
FEC ID number of c federal political com		C	5.00
Name of Employer New Jersey Hospita iation	I Assoc-	ccupation eneral Counsel	7
Receipt For:		ggregate Year-to-Date ▼	
Primary Other (specify	General ) ▼	275.00	
SUBTOTAL of Receip	ts This Page (optional)	<b></b>	35.42

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 87 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Stephen Kolesk Mailing Address 155 York Road  City Delran  FEC ID number of contributing	State Zip Code NJ 08075-2217	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Vice President  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. John K Lloyd Mailing Address 11 Mohawk Avenue		Date of Receipt    M
City	State Zip Code	Transaction ID: 15990023
Oceanport  FEC ID number of contributing federal political committee.	NJ 07757-1619	Amount of Each Receipt this Period 500.00
Name of Employer Meridian Health	Occupation President and Chief Executive Office	er
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr.		Date of Receipt
Mailing Address 4 Poppy Lane		10 10 2008
City Howell	State Zip Code NJ 07731-1451	Transaction ID: 15990035
FEC ID number of contributing federal political committee.	C 0//31-1451	Amount of Each Receipt this Period  5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation VP Health Economics	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
SUBTOTAL of Receipts This Page (optional) .		755.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	,	
Ms. Valerie Sellers  Mailing Address 82 Millers Grove Ro	ad	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15990036
Belle Mead	NJ 08502-4306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc-	Occupation Senior V.P., Health Planning & Resear	
iation Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) Sister Sheila Lyne		Date of Receipt
Mailing Address 2525 South Michiga	n Avenue	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 15999563
Chicago	IL 60616-2333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Hospital and Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D.		Date of Receipt
Mailing Address 55 Fruit Street		1 0 0 8 2 0 0 8
City	State Zip Code	Transaction ID: 16000467
Boston	MA 02114-2622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Massachusetts General Hos- pital	Occupation President	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	1255.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 87 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. David M Barrett, , M.D.			Date of Receipt
Mailing Address 41 Mall Road  City	State	Zip Code	1 0 0 8 2 0 0 8 Transaction ID: 16000469
Burlington	MA	01805-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Lahey Clinic Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mr. John W. Polanowicz			Date of Receipt
Mailing Address 2 Abenaki Road			10 08 7 2008
City	State	Zip Code	Transaction ID: 16000470
Northborough	MA	01532-2433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer UMass Memorial-Marlborough Hospital	Occupation Presiden	t & CEO	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Jeanette G Clough			Date of Receipt
Mailing Address 330 Mount Auburn S	Street		M M / D D / Y Y Y Y Y Y 1 Y 1 D D 0 8 2 0 0 8
City	State	Zip Code	Transaction ID: 16000472
Cambridge	MA	02138-5502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mount Auburn Hospital		t and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<b>,</b>		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon ST  City Melrose  FEC ID number of contributing federal political committee.  Name of Employer Hallmark Health System	State Zip Code MA 2176  C Occupation	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	President and Chief Executive Office  Aggregate Year-to-Date ▼  1000.00	<u>r</u>
Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick Mailing Address 73 North Ave.		Date of Receipt  10 08 2008
City	State Zip Code	Transaction ID: 16000888
Mendon  FEC ID number of contributing federal political committee.	MA 1756	Amount of Each Receipt this Period  350.00
Name of Employer Massachusetts Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP, Finance  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Ms. Elizabeth Cadigan	<u> </u>	Date of Receipt
Mailing Address 806 Ferncroft Tower		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16000889
Danvers  FEC ID number of contributing federal political committee.	MA 01923-4055	Amount of Each Receipt this Period  350.00
Name of Employer Quincy Medical Center	Occupation Vice President, Patient Care Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1700.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any ir	nformation copied from such Reports and sommercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
/ N/	AME OF COMMITTEE (In Full) merican Hospital Association PAC	,,	
	ull Name (Last, First, Middle Initial) s. Nancy Palmer		Date of Receipt
_	ailing Address 9 Buttonwood Lane		10 08 2008
Ci	ity	State Zip Code	Transaction ID: 16000890
<u>D</u>	anvers	MA 01923-1161	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	350.00
Na Be	ame of Employer everly Hospital	Occupation Trustee	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
	ull Name (Last, First, Middle Initial) r. John G O'Brien	1	Date of Receipt
Ma	ailing Address 1 Biotech Park		10 08 2008
Ci	ity	State Zip Code	Transaction ID: 16000891
<u>W</u>	Vorcester	MA 01605-2982	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	350.00
Na Ul e,	ame of Employer Mass Memorial Health Car- Inc.	Occupation President and Chief Executive Office	er
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
	ull Name (Last, First, Middle Initial) r Gary Lapidas		Date of Receipt
Ma	ailing Address 1 Biotech Park		10 08 2008
Ci	ity	State Zip Code	Transaction ID: 16001260
W	Vorcester	MA 01605-2982	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	250.00
<u>e,</u>	ame of Employer Mass Memorial Health Car- Inc.	Occupation Senior Vice President	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
CUD	RTOTAL of Receipts This Page (optional)		950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person ne name and address of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Todd Keating		Date of Receipt
Mailing Address 1 Biotech Park		10 08 2008
City	State Zip Code	Transaction ID: 16001262
Worcester	MA 01605-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UMass Memorial Health Car- e, Inc.	Occupation Chief Financial Officer	
e, mc. Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr Roger D Wiseman		Date of Receipt
Mailing Address 81 Highland Avenue		M M / D D / Y Y Y Y Y 1 1 0 0 8 2 0 0 8
City	State Zip Code	Transaction ID: 16001263
Salem	MA 01970-2714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Shore Medical Center	Occupation Senior Vice President and Chief Finance	<del>-</del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Stephen Salvo		Date of Receipt
Mailing Address 17 Marsh Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16001264
Newbury	MA 01951-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anna Jaques Hospital	Occupation Vice President, Human Resources	1
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
	1	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports an	for each category of the Detailed Summary Page  d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 25 / 87  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr Mark L Goldstein  Mailing Address 25 Highland Avenue	9	Date of Receipt
City	State Zip Code	1 0 0 8 2 0 0 8 Transaction ID: 16001265
Newburyport	MA 01950-3867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anna Jaques Hospital	Occupation Chief Financial Officer	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Leslie Sebba, , M.D.		Date of Receipt
Mailing Address 25 Highland Avenue		10 08 7 9 9 9
City	State Zip Code	Transaction ID: 16001433
Newburyport  FEC ID number of contributing federal political committee.	MA 01950-3867	Amount of Each Receipt this Period  250.00
Name of Employer Anna Jaques Hospital	Occupation Medical Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor		Date of Receipt
Mailing Address 25 Highland Avenue	9	10 08 YYYYY 10 08 2008
City Newburyport	State Zip Code MA 01950-3867	Transaction ID: 16001434  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anna Jaques Hospital	Occupation Chief Executive Officer	1
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l) <b>.</b>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 87 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may he name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Roger L Gilberston Mailing Address 2496 W. Country Clu City Fargo FEC ID number of contributing federal political committee.  Name of Employer MeritCare Health System  Receipt For:	State ND C Occupation President		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Victoria J VanMeetren  Mailing Address 8280 West Warm Sp	orings Road	500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer St. Rose Domincian Hospitals - San Mar  Receipt For:  Primary General Other (specify)	State NV  C  Occupation President Aggregate		Transaction ID: 16014992  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Ms. Michelle McEwen  Mailing Address 16 Hospital Road  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer Speare Memorial Hospital  Receipt For: Primary General Other (specify)	1	Zip Code 03264-1126  nt and Chief Executive Officer Year-to-Date ▼ 500.00	Date of Receipt  M M O B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1250.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 87 (check only one)    X
Any information copied from or for commercial purposes  NAME OF COMMITTEE  American Hospital A	other than using the name and (In Full)	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, N Ms. Nancy Formella Mailing Address One	liddle Initial)  Medical Center Drive		Date of Receipt
City Lebanon	State NH	Zip Code 03756-1000	Transaction ID: 16015000  Amount of Each Receipt this Period
FEC ID number of contri federal political committe			350.00
Name of Employer Dartmouth-Hitchcock Mal Center Receipt For:  Primary  Other (specify) ▼	Presid		
Full Name (Last, First, M Ms. Denise Matricciani Mailing Address 4423	,		Date of Receipt  10 09 2008
City	State	Zip Code	Transaction ID: 16015037
Nottingham	MD	21236-2968	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			600.00
Name of Employer Maryland Hospital Association	VICE F	President, Government Relation	ns
Receipt For: Primary Other (specify) ▼	General Aggreç	gate Year-to-Date ▼ 600.00	
Full Name (Last, First, M Ms. Beverly L. Miller	liddle Initial)		Date of Receipt
Mailing Address 6820	Deerpath Road		10 09 2008
City	State	'	Transaction ID: 16015038
Elkridge  FEC ID number of contri federal political committee		21075-6234	Amount of Each Receipt this Period  600.00
Name of Employer Maryland Hospital Assocition	sia- Occupa V.P., I	ation Professional Activities	
Receipt For:  Primary  Other (specify) ▼	Aggreç Aggreç Aggreç	gate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts T	I		1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person ne name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Victor A Broccolino Mailing Address 5755 Cedar Lane  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Howard County General Hospital Receipt For: Primary General Other (specify)	State Zip Code MD 21044-2999  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ms. Pegeen Townsend  Mailing Address 225 McKeon Road  City  Severan Park  FEC ID number of contributing federal political committee.  Name of Employer Maryland Hospital Association  Receipt For:  Primary General  Other (specify)	State Zip Code MD 21146  C  Occupation Sr. Vice President, Legislative Policy Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ms. Linda Robertson  Mailing Address 901 South Bond Stree Suite 540  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Johns Hopkins Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code MD 21231-3305  C  Occupation VP, Gov't, Community and Public Affai  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 87 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel Brian Smith Mailing Address 600 North Wolfe Stree	State Zip Code	Date of Receipt  10 09 2008  Transaction ID: 16015075
Baltimore  FEC ID number of contributing federal political committee.	MD 21287-0005  C Occupation	Amount of Each Receipt this Period 400.00
Name of Employer Johns Hopkins Hospital  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	President, JH Home Care Group  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) Ms. Pamela Williams  Mailing Address 3001 S. Hanover Stre	et	Date of Receipt  10 09 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State Zip Code	Transaction ID: 16015084
Baltimore	MD 21225-1233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Harbor Hospital	Occupation Asst. VP, Human Resources	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. David R. Pitman		Date of Receipt
Mailing Address 3001 South Hanover	Street	10 09 2008
City	State Zip Code	Transaction ID: 16015097
Baltimore  FEC ID number of contributing federal political committee.	MD 21225-1233	Amount of Each Receipt this Period  250.00
Name of Employer Harbor Hospital	Occupation Vice President, Finance & CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional) .	1	900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle		Date of Receipt
Mailing Address 6820 Deerpath Road		10 09 2008
City	State Zip Code	Transaction ID: 16015100
Elkridge	MD 21075-6200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Maryland Hospital Associa-	Occupation President and CEO	
tion Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) J. Brett Bennett		Date of Receipt
Mailing Address 6820 Deerpath Road		M M / D D / Y Y Y Y Y Y Y 1 0 0 9 2 0 0 8
City	State Zip Code	Transaction ID: 16015213
Elkridge	MD 21075-6200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Maryland Hospital Associa- tion	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon		Date of Receipt
Mailing Address 220 Windy Ridge		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16015268
Hollister	MO 65672-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	1642.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan McElligott		Date of Receipt
Mailing Address 1404 Grand Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16018348
Grand Island	NE 68801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Saint Francis Medical Cen-	Occupation Chief Operating Officer	7
ter Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Charles D Lovell, , Jr.		Date of Receipt
Mailing Address 101 Hospital Drive		M M / D D / Y Y Y Y Y 1 1 0 0 7 2 0 0 8
City	State Zip Code	Transaction ID: 16018368
<u>Princeton</u>	KY 42445-0410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Caldwell County Hospital	Occupation President and Chief Executive Officer	<del>-</del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ms. Heather Cote		Date of Receipt
Mailing Address 2830 Shoemaker Drive	,	10 07 2008
City	State Zip Code	Transaction ID: 16018370
Louisville	KY 40241-6501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Norton Suburban Hospital	Occupation VP/Patient Care Services	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
		1250.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/87   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA	<u> </u>		
Full Name (Last, First, Middle Initial) Mr. John Countzler			Date of Receipt
Mailing Address 259 Ridgecrest Pla	ace		10 07 2008
City Owensboro	State KY	Zip Code 42301-8461	Transaction ID: 16018386  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120010101	500.00
Name of Employer Owensboro Medical Health System Receipt For:  Primary General Other (specify) ▼	1	ice President-Finance Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Ms. Vicki Darnell Mailing Address 217 S 3rd St.			Date of Receipt
City	State	Zip Code	1 0 0 7 2 0 0 8 Transaction ID: 16018388
<u>Danville</u>	KY	40422-1823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Ephraim McDowell Health	Occupatio Vice Pres	n sident and COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]
Full Name (Last, First, Middle Initial) Mr. Patrick Jordan			Date of Receipt
Mailing Address 2014 Washington	Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newton Lower Falls	State MA	Zip Code	Transaction ID: 16018444
FEC ID number of contributing federal political committee.	C	02462-1699	Amount of Each Receipt this Period
Name of Employer Newton-Wellesley Hospital	Occupatio Chief Op	n erating Officer	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		1850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 33 / 87 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	the name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Ms. Patricia Reid-Ponte  Mailing Address 23 Indian Hill Road			Date of Receipt
City Arlington FEC ID number of contributing	MA	Zip Code 02476-7002	Transaction ID: 16018447  Amount of Each Receipt this Period  500.00
Name of Employer Dana-Farber Cancer Institute Receipt For: Primary Other (specify)	Occupation Sr. VP and Cl Aggregate Year		300.00
Full Name (Last, First, Middle Initial) Mr. Harry G Dorman, III Mailing Address 125 Mascoma Stre	et		Date of Receipt  1 0 0 8 2 0 0 8
City	State 2	Zip Code	Transaction ID: 16021592
<u>Lebanon</u>	NH	03766-2647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Alice Peck Day Memorial Hospital Receipt For:  Primary General Other (specify) ▼	Occupation President and Aggregate Year	Chief Executive Office -to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Thomas E Wilhelmsen, , Jr.			Date of Receipt
Mailing Address P O Box 2014			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 16021600
Nashua  FEC ID number of contributing federal political committee.	C	03061-2014	Amount of Each Receipt this Period  350.00
Name of Employer Southern New Hampshire Me- dical Center Receipt For:	Occupation President and Aggregate Year	Chief Executive Office	<u>-</u>
Primary General Other (specify) ▼	Aggregate real	350.00	
SUBTOTAL of Receipts This Page (options	Il		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Christine A. Crain		Date of Receipt
Mailing Address 2400 Hawthorne Mand	or Drive	10 09 2008
City	State Zip Code	Transaction ID: 16023015
Florissant	MO 63031-4412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. John's Mercy Medical Center	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway	1	Date of Receipt
Mailing Address 15081 Linden Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16023016
<u>Leawood</u>	KS 66224-3412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Health Alliance of MidAme- rica, The	Occupation Senior VP, Field Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. David P Gehant	<u> </u>	Date of Receipt
Mailing Address P O Box 9019		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16023042
Boulder	CO 80301-9019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Boulder Community Hospital	Occupation President and Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Virginia Blair  Mailing Address 4109 Plymbridge L	ane	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Woodbridge	State         Zip Code           VA         22192-5133	Transaction ID: 16024308  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Prince William Hospital	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Raymond G Troiano, , M.D.  Mailing Address 1060 First Colonial	Road	Date of Receipt
		10 13 2008
City Virginia Beach	State Zip Code VA 23454-3002	Transaction ID: 16024338  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Virginia Beach Ge- neral Hospita Receipt For: Primary General	Occupation Vice President and Administrator  Aggregate Year-to-Date	1
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. James C. Lewis	Date of Receipt	
Mailing Address 11 Steeplechase R	oad	M M / D D / Y Y Y Y Y Y 1 1 3 2 0 0 8
City	State Zip Code VA 22405-3312	Transaction ID: 16024348
Fredericksburg  FEC ID number of contributing federal political committee.	VA 22405-3312	Amount of Each Receipt this Period  350.00
Name of Employer Medicorp Health System	Occupation Vice President of Finance	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	ı	1050.00

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. Stephen Cumbie  Mailing Address 837 Mackall Drive  City  State Zip Code  VA 22101-1615  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For:  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  FULL Name (Last, First, Middle Initial)	<b>I</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page	X   11a
A. Mr. Stephen Cumble  Mailing Address 837 Mackall Drive  City  McLean  Name of Employer  Malling Address 4544 Miarfield Circle  City  State  VA 2331-4262  FEC ID number of contributing  feederal political committee.  Receipt For:  Primary General  Other (specify) ▼  State  VA 23321-4262  Transaction ID: 16024358  Amount of Each Receipt this Period  Aggregate Vear-to-Date ▼  Transaction ID: 16024358  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024358  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024355  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024355  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024365  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024366  Amount of Each Receipt this Period		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committe	ee to solicit contributions from such committee.
City McLean  FEC ID number of contributing federal political committee.  Name of Employer Inrova Health System  Receipt For: Primary General Other (specify) ▼  State Zip Code VA 23321-4262  FEC ID number of contributing  FEC ID number of contributing  Receipt For: Primary General Other (specify) ▼  State Zip Code VA 23321-4262  FEC ID number of contributing federal political committee.  C State Zip Code VA 23321-4262  FEC ID number of contributing federal political committee.  C State Zip Code VA 23321-4262  FEC ID number of contributing federal political committee.  C State Zip Code Vice President, Patient Care Services  Receipt For: Primary General Other (specify) ▼  State Zip Code Vice President, Patient Care Services  Aggregate Year-to-Date ▼  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024365  Transaction ID: 16024366  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Amount of Each Receipt this Period  Transaction ID: 16024365  Transaction ID: 1602436	∠ <b>A.</b>	Mr. Stephen Cumbie		
McLean    MoLean		Maining Address 657 Mackall Drive		10 13 2008
FEC ID number of contributing federal political committee.  Name of Employer Inva Health System  Receipt For:    Primary   General   Aggregate Year-to-Date ▼     Primary   State   Zip Code   YA   23321-4262     Primary   General   Coccupation     Name of Employer Sentiara Obici Hospital   State   Zip Code     City   State   Zip Code   YA   23321-4262     FEC ID number of contributing federal political committee.    Name of Employer Sentiara Obici Hospital   State   Zip Code     Primary   General   Otcupation   Vice President, Patient Care Services     Receipt For:   Primary   General   Other (specify) ▼   350.00     City   State   Zip Code   VA   22101-4004     FEC ID number of contributing   Coccupation   Vice President, Patient Care Services     Receipt For:   Primary   General   Other (specify) ▼   350.00     Date of Receipt   Va   Va   Va   Va   Va   Va   Va   V				
Receipt For:		FEC ID number of contributing		
Primary General Other (specify) ▼ 350.00  Full Name (Last, First, Middle Initial) Ms. Phyllis Stoneburner Mailing Address 4544 Miarfield Circle  City Chesapeake VA 23321-4262  FEC ID number of contributing federal political committee.  Name of Employer Sentara Obic Hospital  City Chesapeake VA 23321-4262  Primary General Other (specify) ▼ 350.00   Date of Receipt  Mm M / D 1 3		Name of Employer Inova Health System		
Mailing Address 4544 Miarfield Circle  City State Zip Code Transaction ID: 16024365  Chesapeake VA 23321-4262  FEC ID number of contributing federal political committee.  Name of Employer State Zip Code Transaction ID: 16024365  City State Zip Code Transaction ID: 16024365  Amount of Each Receipt this Period  FEC ID number of contributing federal Other (specify) ▼ 350.00  Full Name (Last, First, Middle Initial)  Mr. John M. Toups  Mailing Address 1460 Waggaman Circle  City State Zip Code VA 22101-4004  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For: Aggregate Year-to-Date ▼  Occupation  Trustee  Receipt For: Aggregate Year-to-Date ▼  Occupation  Trustee  Receipt For: Aggregate Year-to-Date ▼  Occupation  Trustee  Receipt For: Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼		Primary General		
City State Zip Code VA 23321-4262  FEC ID number of contributing federal political committee.  C	- В.	Ms. Phyllis Stoneburner		M M / D D / Y Y Y Y
Chesapeake  Chesapeake  VA 23321-4262  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Sentara Obtoc Hospital  Primary General Other (specify) ▼  State Zip Code McLean  VA 22101-4004  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 16024366  Amount of Each Receipt this Period  Trustee  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼		City	State Zip Code	
Name of Employer Sentara Obici Hospital   Occupation Vice President, Patient Care Services		•	·	
Sentara Obici Hospital    Vice President, Patient Care Services			C	350.00
Primary		Sentara Obici Hospital	· ·	ices
Mailing Address 1460 Waggaman Circle  City State Zip Code  McLean VA 22101-4004  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M M / D D / 13 / 2 0 0 8  Transaction ID: 16024366  Amount of Each Receipt this Period  350.00		Primary General		
City  McLean  VA  22101-4004  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For:  Primary  Other (specify)  Other (specify)  Astate Zip Code VA  22101-4004  Transaction ID: 16024366  Amount of Each Receipt this Period  350.00	- C.	,		Date of Receipt
MCLean  VA 22101-4004  Amount of Each Receipt this Period  C  State of Employer Inova Health System  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  350.00  Amount of Each Receipt this Period  350.00		Mailing Address 1460 Waggaman Circle		
FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  1050.00		City	State Zip Code	Transaction ID: 16024366
Receipt For:  Primary Other (specify) ▼  Occupation Trustee  Aggregate Year-to-Date  350.00		McLean	VA 22101-4004	Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  350.00			C	350.00
Primary General Other (specify) ▼  350.00			·	
SUBTOTAL of Receipts This Page (optional)		Primary General		
		SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Adrian Stanton		Date of Receipt
Mailing Address 5013 Fleming Drive		10 13 2008
City	State Zip Code	Transaction ID: 16024369
Annandale	VA 22003-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	287.50
Name of Employer Inova Health System	Occupation Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Grace Hines	L	Date of Receipt
Mailing Address 170 Spoon Court		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16024378
Yorktown	VA 23693-5591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. J, Thomas Ryan, , M.D.		Date of Receipt
Mailing Address 7 Steeplechase Road		M M / D D / Y Y Y Y Y Y 1 1 0 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 16024379
Fredericksburg	VA 22405-3313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Medicorp Health System	Occupation Vice President/ Chief Medical Officer	1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	987.50

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donna Picard  Mailing Address 2300 Opitz Boulevard  City  Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer Potomac Hospital	State Zip Code VA 22191-3311  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Vice President  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Dr Gary R Yates  Mailing Address 1065 Downshire Chas	е	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 16024388
Virginia Beach	VA 23452-6155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation Chief Medical Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas Nordwick		Date of Receipt
Mailing Address P O Box 1450		M M / D D / Y Y Y Y Y 1 1 0 1 4 2 0 0 8
City	State Zip Code	Transaction ID: 16024605
Douglas	WY 82633-1450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Hospital of Converse County Receipt For:  Primary  Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date   500.00	er .
CURTOTAL of Possints This Page (antional)		1200.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
N	full Name (Last, First, Middle Initial)  Mr. Charles F. Harms			Date of Receipt
IV	Mailing Address 2520 Moonlight Ct.			10 14 2008
	City	State	Zip Code	Transaction ID: 16024606
	Cheyenne	WY	82009-8572	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
<u></u>	lame of Employer Cheyenne Regional Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	iull Name (Last, First, Middle Initial) Mr. Daniel J. Perdue			Date of Receipt
N	Mailing Address 2005 Warren Avenue Post Office Box 249			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: 16024607
	Cheyenne	WY	82001-3725	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		290.00
V	lame of Employer Vyoming Hospital Associa- on	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		290.00	
	rull Name (Last, First, Middle Initial) Doug McMillian			Date of Receipt
_	Mailing Address 707 Sheridan Avenue			10 14 2008
C	Dity	State	Zip Code	Transaction ID: 16024608
<u>C</u>	Cody	WY	82414-3409	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		350.00
_	lame of Employer Vest Park Hospital	Occupation CEO	n	
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	]
	BTOTAL of Receipts This Page (optional)	<u> </u>		1140.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 87 (check only one)    X   11a
or for	commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) merican Hospital Association PAC			
Ste	ll Name (Last, First, Middle Initial) eve Perry			Date of Receipt
	iling Address 901 Adams Street			10 14 2008
Cit <b>A</b> f	y ton	State WY	Zip Code 83110-0579	Transaction ID: 16024609  Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	С		360.00
Na Sta	me of Employer ar Valley Medical Center	Occupatio CEO	n	
Re	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
Mr.	ll Name (Last, First, Middle Initial) . Ron O. Purcell			Date of Receipt
Ма	ailing Address 1093 N. Faldo Way			10 14 YYYY 10 14 2008
Cit		State	Zip Code	Transaction ID: 16024696
FE	agle C ID number of contributing deral political committee.	C	83616-5369	Amount of Each Receipt this Period  82.50
Na An tio	me of Employer nerican Hospital Associa- n-Chicago	Occupatio Regional	n Executive	
	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 482.50	
	II Name (Last, First, Middle Initial) . Jim Gardner			Date of Receipt
Ma	ailing Address 743 Spring Street Nor	theast		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	-	State	Zip Code	Transaction ID: 16045547
FE	ainesville C ID number of contributing deral political committee.	GA C	30501-3715	Amount of Each Receipt this Period 500.00
No	me of Employer rrtheast Georgia Medical enter	Occupatio Presiden	n t and Chief Executive Office	r
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	TOTAL of Receipts This Page (optional)			942.50

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 87 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may rethe name and address	not be sold or used by any perso ess of any political committee to	13 14 15 16 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		500 of any pointed committee to	
Full Name (Last, First, Middle Initial) Dr. Robert C Keen, . Ph.D., F			Date of Receipt
Mailing Address 4539 E. 500 N.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16046211
Greenfield	IN	46140-9572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hancock Regional Hospital	Occupation President	and Chief Executive Office	_ r
Receipt For:		rear-to-Date ▼	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr Frederick McNulty	I		Date of Receipt
Mailing Address 303 Andover Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16046319
Valparaiso	IN	46383-1393	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer La Porte Regional Health System	Occupation Vice President	dent Government Relations	— s an
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James J. Myers	1		Date of Receipt
Mailing Address 2626 Windermere V	Voods Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16046406
Bloomington	IN	47401-5451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bloomington Hospital	Occupation CFO		
Receipt For:	Aggregate \	rear-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Martin Padgett Mailing Address 1606 Fox Run Trail  City Jeffersonville  FEC ID number of contributing federal political committee.  Name of Employer Clark Memorial Hospital  Receipt For: Primary General	State Zip Code IN 47130-8204  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gene Perry  Mailing Address 510 E. Lakewood D  City  Bloomington  FEC ID number of contributing	State Zip Code IN 47408-1084	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Bloomington Hospital of Orange County Receipt For: Primary General Other (specify)	C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) Kevin Speer Mailing Address 13664 Smokey Ridge	ge Place	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carmel  FEC ID number of contributing federal political committee.	State Zip Code IN 46033-9263  C	Transaction ID: 16046534  Amount of Each Receipt this Period  500.00
Name of Employer St. Vincent Health  Receipt For:  Primary General  Other (specify) ▼	Occupation Hospital Chief Strategy Officer  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	)	1000.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 87 (check only one)    X   11a
or for commer	on copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) In Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Steven Mailing Add	314 E. Hickory Grove	State	Zip Code	Date of Receipt  1 0 0 8 2 0 0 8  Transaction ID: 16046540
	City mber of contributing tical committee.	C	47348-1011	Amount of Each Receipt this Period 250.00
tal, Inc. Receipt Fo			ecutive Officer Year-to-Date  250.00	
Full Name Mr. Brian Ta Mailing Add		urt		Date of Receipt  10 08 2008
City		State	Zip Code	Transaction ID: 16046570
Indianapo FEC ID nu	olis mber of contributing	IN	46278-9610	Amount of Each Receipt this Period
federal poli	tical committee.	C		500.00
ion	spital Associat-	Occupatio Vice Pres	n sident of Government Relation	ons
Receipt Fo		Aggregate	e Year-to-Date ▼ 500.00	
Full Name Mr. Bradford	(Last, First, Middle Initial) d W Dykes			Date of Receipt
Mailing Add	dress 104 Windamere Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bedford		State IN	Zip Code 47421-9604	Transaction ID: 16046635
FEC ID nu	mber of contributing tical committee.	C	47421-9004	Amount of Each Receipt this Period  250.00
Name of E Bedford Re Center	mployer egional Medical	Occupatio Presiden	n t and Chief Executive Office	r
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00	
		<u> </u>		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 87 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions of soliciting contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	no nano are acciser e ary pomesa committee a	
Full Name (Last, First, Middle Initial) Mrs. Patricia K. Fox		Date of Receipt
Mailing Address 323 Catalpa Ct.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16046648
Noblesville	IN 46062-9151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Riverview Hospital	Occupation President & CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	7
Full Name (Last, First, Middle Initial) Ms. Megan Cundari Mailing Address 325 Seventh Street,	NW	Date of Receipt
Suite 700	Olds 7's Ords	10 14 2008
City Washington	State Zip Code DC 20004-2818	Transaction ID: 16046705
FEC ID number of contributing federal political committee.	C 20004-2818	Amount of Each Receipt this Period  350.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Doug McMillian		Date of Receipt
Mailing Address 707 Sheridan Avenu	е	10 15 YYYY 10 15 2008
City	State Zip Code	Transaction ID: 16046710
Cody	WY 82414-3409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer West Park Hospital	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	700.00	
		950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAG		
Full Name (Last, First, Middle Initial) Steve Perry		Date of Receipt
Mailing Address 901 Adams Street		10 15 2008
City Afton	State Zip Code WY 83110-0579	Transaction ID: 16046716  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Star Valley Medical Center	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky		Date of Receipt
Mailing Address 14607 W 89		10 02 7 2008
City	State Zip Code	Transaction ID: 16055475
Lenexa FEC ID number of contributing federal political committee.	KS 66215-2967	Amount of Each Receipt this Period  134.61
Name of Employer Kansas Hospital Associati- on	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	384.62	
Full Name (Last, First, Middle Initial) Mr. Roger S. John		Date of Receipt
Mailing Address P O Box 506		10 02 2008
City	State Zip Code KS 67661-0506	Transaction ID: 16055487
Phillipsburg  FEC ID number of contributing federal political committee.	KS 67661-0506	Amount of Each Receipt this Period 250.00
Name of Employer Great Plains Health Allia- nce, Inc.	Occupation President and Chief Executive Office	er
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	, N	734.61

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 87 (check only one)    X   11a
or for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Gerald J Marquette, , Jr.		Date of Receipt
Mailing Address 1400 West Fourth PO Box 1446		10 02 2008
City	State Zip Code	Transaction ID: 16055488
Coffeyville	KS 67337-3306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Coffeyville Regional Medi-	Occupation Chief Evecutive Officer	
cal Center Receipt For:	Chief Executive Officer  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Kent E. Palmberg, , M.D.	I	Date of Receipt
Mailing Address 1216 SW Westside D	rive	10 02 2008
City	State Zip Code	Transaction ID: 16055489
<u>Topeka</u>	KS 66615-1236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Stormont-Vail HealthCare	Occupation Senior Vice President and Chief Med	ica
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Randall Peterson		Date of Receipt
Mailing Address 2022 N. Red Oaks		10 02 7 2008
City	State Zip Code	Transaction ID: 16055490
Wichita	KS 67206-8909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Via Christi Health System	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 87 (check only one)    X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Julie Quirin		Date of Receipt
	Mailing Address 2805 W 71st Street	Charles 7 in Conda	10 02 2008
	City Prairie Village	State Zip Code KS 66208-3104	Transaction ID: 16055491  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Luke's South Hospit- al	Occupation Chief Executive Officer	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mrs. Lynnette A. RauvolaBouta Mailing Address 25 Huntington St.		Date of Receipt
			10 02 2008
	City	State Zip Code	Transaction ID: 16055492
	Eastborough	KS 67206-2047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Via Christi Health System	Occupation Vice President Mission Integration	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	]
_	Full Name (Last, First, Middle Initial) Mr. Scott J Taylor		Date of Receipt
	Mailing Address 1617 Crestway		10 02 7 2008
	City Garden City	State Zip Code KS 67846-6916	Transaction ID: 16055493
	FEC ID number of contributing federal political committee.	KS 67846-6916	Amount of Each Receipt this Period 250.00
	Name of Employer St. Catherine Hospital	Occupation President and Chief Executive Office	 r
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	250.00	
			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 87 (check only one)    X   11a
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Vernon L. Long		Date of Receipt
	Mailing Address 3440 N.E. Kincaid	7.01	10 02 2008
	City Topeka	State Zip Code KS 66617-3620	Transaction ID: 16055494  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Stormont-Vail HealthCare	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan		Date of Receipt
	Mailing Address 506A East Howell Ave	enue	10 15 2008
	City	State Zip Code	Transaction ID: PR1034595121375
	Alexandria	VA 22301-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	1	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		10 15 2008
	City	State Zip Code DC 20004-2818	Transaction ID: PR1045726221375
	Washington  FEC ID number of contributing federal political committee.	C 20004-2818	Amount of Each Receipt this Period  39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation VP & Chief Washington Counsel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional) .	1	434.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC			<u>-</u>
Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W		10 15 2008
City	State	Zip Code	Transaction ID: PR1113464221375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Section D		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	0 0	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Davon Gray			Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700			10 15 2008
City	State DC	Zip Code	Transaction ID: PR1143013021375
Washington  FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  14.39
Name of Employer American Hospital Associa- tion-Washingt	Occupation Legislativ	re Assistant	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 278.34	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Erin O'Malley			Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700	W		M M / D D / Y Y Y Y Y 1 1 0 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: PR1222125721375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.45
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project M	lanager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.85	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	<u>I</u>		47.84

IT	EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary I	f the Crieck only one)
or	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political co	mmittee to solicit contributions from such committee.
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. David L. Allen		Date of Receipt
	Mailing Address 325 Seventh Street, NV	V	10 15 2008
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1234662821375 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Associate Director, Media Re Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
 B.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows Mailing Address One North Franklin		Date of Receipt
	City	State Zip Code	Transaction ID: PR1260472921375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Organization of Nurse Executi Receipt For:  Primary General Other (specify) ▼	Occupation Director of Professional Practice Aggregate Year-to-Date	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy		Date of Receipt
•	Mailing Address 1660 Lanier PL Apt. 30	9	10 15 2008
	City	State Zip Code	Transaction ID: PR1300853721375
	Washington  FEC ID number of contributing federal political committee.	DC 20009-2938	Amount of Each Receipt this Period  14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager/PAC Coord	linator
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional)		42.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 87 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1339349921375 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	58.00
	Name of Employer	Occupation Former Account Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1218.00	P/R Deduction (\$58.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Frances Margolin		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City	State Zip Code	Transaction ID: PR1347702721375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Operations HRET	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James Wadzinski	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347703421375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation VP, Operations and Account Services Aggregate Year-to-Date ▼	
	Primary General Other (specify)	420.00	P/R Deduction (\$20.00 Bi- Weekly)
	CURTOTAL of Descripts This Days (autional)		98.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City	State Zip Code	<b>Transaction ID:</b> PR1347703621375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa-	Occupation Vice President & CIO	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347708421375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	53.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	742.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347791021375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional)		87.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr. John Slotman			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		10 15 2008
	City <u>Washington</u>	State DC	Zip Code 20004-2802	Transaction ID: PR1384065321375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary  Other (specify) ▼		Director, Federal Relations Year-to-Date  420.00	P/R Deduction (\$39.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake			Date of Receipt
	Mailing Address One North Franklin			10 15 2008
	City	State	Zip Code	Transaction ID: PR1492459921375
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		18.00
	Name of Employer American Hospital Associa-	Occupation Associate	Executive Director - ASHH	BA
	tion-Chicago Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	270.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327629121375
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		39.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	, '	ce President, Public Policy	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
$\Gamma$	SUBTOTAL of Receipts This Page (optional)	1	_	77.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
Mailing Address 11004 Petersborough	Drive	10 15 2008
City	State Zip Code	Transaction ID: PR327745921375
Rockville	MD 20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
Mailing Address 122 N. Greenwood Ave	enue	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID: PR327771621375
Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik	<u> </u>	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327777221375
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Long-Term Care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		67.00

ITEMIZED	RECEIPTS	totomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 87 (check only one)    X   11a
or for commerc	copied from such Reports and Sial purposes, other than using the COMMITTEE (In Full) Hospital Association PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name ( Ms. Debra J.	Last, First, Middle Initial) Stock			Date of Receipt
Mailing Add	ress 1022 S. Harvey Avenue	е		10 15 2008
City Oak Park		State IL	Zip Code 60304-2132	Transaction ID: PR327777821375  Amount of Each Receipt this Period
FEC ID nun	nber of contributing cal committee.	C		20.00
tion-Chicag Receipt For Prima			n sident, Member Relations e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name ( Mr. Neil J. Je Mailing Add				Date of Receipt  1 0 1 5 2 0 0 8
City		State	Zip Code	Transaction ID: PR327801721375
Great Fall		VA	22066-1546	Amount of Each Receipt this Period
	nber of contributing cal committee.	C		20.00
tion-Washir Receipt For Prima			n e Vice President e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)
	Last, First, Middle Initial) Austin Thompson, RN, MSN			Date of Receipt
Mailing Add		N		10 15 2008
City		State	Zip Code	Transaction ID: PR327812021375
	on nber of contributing cal committee.	C	20004-2818	Amount of Each Receipt this Period  39.00
Nurse Exec		<del>, '</del>	e Director	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL	f Receipts This Page (optional)	<u> </u>		79.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category on Detailed Summary	f the Contect only one)
A 0	r for commercial purposes, other than using th	Statements may not be sold or used by e name and address of any political co	y any person for the purpose of soliciting contributions immittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
	Mailing Address 6034 North 22nd Stre		10 15 7 2008
	City <u>Arlington</u>	State Zip Code VA 22205-3408	Transaction ID: PR327831721375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan		Date of Receipt
	Mailing Address One North Franklin S	reet	10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327846221375
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Meetings &	Fravel Serv
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	29	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt
	Mailing Address 2401 Calvert Street, N Apt. 1008	IW	10 15 2008
	City	State Zip Code	Transaction ID: PR327851921375
	Washington	DC 20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy Developmen	nt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	I	54.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 87 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		10 15 2008
City	State Zip Code	<b>Transaction ID:</b> PR327858021375
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John F. Barry	1	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327877821375
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	1	Date of Receipt
Mailing Address 130 North Garland Co #3002	purt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327895721375
Chicago	IL 60602-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
		98.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)  Ms. Judy Williams			Date of Receipt
	Mailing Address One North Franklin Stre			10 15 2008
	City Chicago	State IL	Zip Code	Transaction ID: PR327918921375
	FEC ID number of contributing federal political committee.	C	60606	Amount of Each Receipt this Period  17.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:		Membership	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 272.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		10 15 2008
	City	State	Zip Code	Transaction ID: PR328132821375
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President	n t and Chief Executive Officer	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	819.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136921375
	La Grange	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	n President, Member Relations	3
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
[	SUBTOTAL of Receipts This Page (optional)	1		95.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date of Receipt
Mailing Address One North Franklin Sti	eet	M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State Zip Code	Transaction ID: PR328174921375
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	18.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, SHSMD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
Mailing Address 5545 North Wayne		10 15 2008
City	State Zip Code	Transaction ID: PR328223821375
Chicago	IL 60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y Y 1 Y 1 1 D 1 5 2 0 0 8
City	State Zip Code	Transaction ID: PR328224921375
Silver Spring	MD 20906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	<u> </u>	96.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only only)
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by an aname and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell		Date of Receipt
	Mailing Address 1093 N. Faldo Way		10 15 2008
	City	State Zip Code	Transaction ID: PR328241421375
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa-	Occupation Regional Executive	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	502.	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
	Mailing Address 3475 North Venice Str	eet	10 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328260921375
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	39.00
	Name of Employer American Hospital Associa-	Occupation Executive Vice President	
	tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	819.	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt
	Mailing Address 1221 Cavalier Road		10 15 2008
	City	State Zip Code	Transaction ID: PR328310421375
	Arnold	MD 21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice President, Communica	ations
	Receipt For:  Primary General	Aggregate Year-to-Date ▼ 840.	P/R Deduction (\$39.00 Bi-
	Other (specify)	040.	Weekly)
Г			99.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 61 / 8 / (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and add	aress of any political committee to	Solicit contributions from Such committee.
American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen			Date of Receipt
Mailing Address 125 Airport Road			10 15 2008
City	State	Zip Code	Transaction ID: PR328312721375
Concord	NH	03301-7300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		220.00
Name of Employer New Hampshiré Hospital As- sociation	Occupatio Presiden	n t and CEO	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	P/R Deduction (\$220.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		10 15 7 2008
City	State	Zip Code	<b>Transaction ID:</b> PR328341821375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Director.	n Political Action & Grassroot	
Receipt For:	<del>-   '</del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero			Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR328490121375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		9.62
Name of Employer American Hospital Associa- tion-Washingt	<del>- ' '</del>	ssociate Director	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		302.02	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	)		268.62

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 87 (check only one)    X
Ar	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u>/</u>	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511821375
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer American Hospital Associa-	Occupatio		
	tion-Chicago Receipt For:	<del>, '                                   </del>	Executive e Year-to-Date	
	Primary General	Aggregate		P/R Deduction (\$39.00 Bi-
	Other (specify) ▼		819.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 1501 N. Harrison Stre	et		10 15 2008
	City	State	Zip Code	Transaction ID: PR328512021375
	Arlington	VA	22205-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupatio		
	tion-Washingt Receipt For:	+ +	sident, Media Relations	_
	Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	420.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin St	reet		M M / D D / Y Y Y Y
	City	State	Zip Code	10 15 2008
	Chicago	State IL	60606	Transaction ID: PR329013421375  Amount of Each Receipt this Period
	FEC ID number of contributing		00000	
	federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio SPSA Di		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
		<u> </u>		79.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ine name and add	diess of any political committee to	Solicit Contributions from Such Committee.
American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
Mailing Address 1 North Franklin SA	treet		M M / D D / Y Y Y Y Y Y Y 15 2008
City	State	Zip Code	Transaction ID: PR329071321375
Chicago	IL	60614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.00
Name of Employer American Hospital Associa-	Occupation Presiden	n t & Chief Operating Officer, (	
tion-Chicago Receipt For:	<del>-                                    </del>	Year-to-Date ▼	1
Primary General Other (specify) ▼		819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	<b>I</b>		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		10 15 2008
City	State	Zip Code	Transaction ID: PR329084421375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Hospital Associa-	Occupation	n ssociate Director	
tion-Washingt Receipt For:		e Year-to-Date ▼	-
Primary General Other (specify) ▼	, iggi ogali	420.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)			2. (2. )
Mr. W. Thomas Deweese  Mailing Address 500 Interstate Boule	ward South		Date of Receipt
	varu Suulli		10 15 2008
City	State	Zip Code	Transaction ID: PR329215721375
Nashville	TN	37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		39.00
Name of Employer American Hospital Associa- tion-Chicago	<del>_ , '</del>	gional Executive	
Receipt For:	Aggregate	e Year-to-Date ▼	. [
Primary General Other (specify) ▼	0 0	819.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional			98.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John Evans		Date of Receipt
Mailing Address One North Franklin Str	reet	10 15 2008
Chicago	State Zip Code	Transaction ID: PR329342621375
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris		Date of Receipt
Mailing Address 1136 W. Farwell Ave.		M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID: PR329654221375
Chicago	IL 60626-3861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASDVS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: PR330343321375
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Services Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	420.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	I.	48.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and s	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	s name and address of any pointed committee	to contributions from each committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
Mailing Address One North Franklin		10 15 2008
City	State Zip Code	<b>Transaction ID:</b> PR330411621375
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa-	Occupation Associate Regional Executive	
tion-Chicago .  Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	10 15 2008
City	State Zip Code	Transaction ID: PR330465221375
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Asst. General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	1	Date of Receipt
Mailing Address 4960 138th Cricle We	st	10 15 2008
City	State Zip Code	Transaction ID: PR330475421375
Apple Valley	MN 55124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
NIDTOTAL of Descript This Description		73.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 87 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			10 15 2008
	City <u>Arlington</u>	State VA	Zip Code 22205-1609	Transaction ID: PR330534321375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	sociate Director	
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-
_	Other (specify)	0 0	420.00	Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address One North Franklin			10 15 2008
	City	State	Zip Code	Transaction ID: PR330547721375
	Chicago	<u> L</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	ident, Strategic Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe	1		Date of Receipt
	Mailing Address 172 Atteridge			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549221375
	Lake Forest	IL	60045-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago		ident, Member Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ				60.00
1.	SUBTOTAL of Receipts This Page (optional)			60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 87 (check only one)    X   11a
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		10 15 2008
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR330776121375
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period  20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio V.P., Adv	n vocacy & Member Communi	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.			Date of Receipt
	Mailing Address 1101 N. Kentucky Street	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331278821375
	Arlington	VA	22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Director,	n State Issues Forum	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		294.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 26 West Glendale Ave.			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304221375
	Alexandria	VA	22301-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt	_•	Advocacy and Public Policy	Op
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)			54.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 68 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be s name and address of a	sold or used by any persor any political committee to s	for the purpose of soliciting contributions
	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		10 15 2008
	City		Code	Transaction ID: PR331379121375
	Washington	DC 200	004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Director Fede	eral Relations & Polic	
	Receipt For:	Aggregate Year-to-	Date ▼	
	Primary ☐ General Other (specify) ▼		294.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		10 15 2008
	City		Code	<b>Transaction ID:</b> PR331386921375
	Washington	DC 200	004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.38
	Name of Employer American Hospital Associa-	Occupation Senior Associate	e Director	
	tion-Washingt Receipt For:	Aggregate Year-to-		_
	Primary General Other (specify) ▼		278.18	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y Y 1 1 0 1 5 2 0 0 8
	City	State Zip	Code	Transaction ID: PR331416021375
	Austin	TX 787	'61-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		58.00
	Name of Employer American Hospital Associa- tion	Occupation Regional Execut	ive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 1218.00	P/R Deduction (\$58.00 Bi- Weekly)
_	SUBTOTAL of Receipts This Page (optional)			86.38

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A C	ny information copied from such Reports and strong ror commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		10 15 2008
	City Falls Church	State Zip Code VA 22046-2613	Transaction ID: PR331533221375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	_
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City	State Zip Code	Transaction ID: PR346168121375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	294.00	P/R Deduction (\$19.92 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	10 15 2008
	City	State Zip Code	Transaction ID: PR517619721375
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relat	ti
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Pi
	Other (specify)	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ			92.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 87 (check only one)    X   11a
ny information copied from such Reports and r	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	o namo ana aa	aroso or arry pointed committee to	consist contributions from each committee.
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Carlos Jackson			Date of Receipt
Mailing Address 325 Seventh Street, N			10 15 2008
City	State	Zip Code	<b>Transaction ID:</b> PR566280921375
Washington	DC	20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		23.81
Name of Employer American Hospital Associa-	Occupatio	n e Director, Federal Relations	_
tion-Washingt Receipt For:	<del>- '</del>	e Year-to-Date	<u>'</u>
Primary General	Aggregate		P/R Deduction (\$20.00 Bi-
Other (specify) ▼	0 0	380.96	Weekly)
Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
Mailing Address 606 S. Royal St.			10 15 2008
City	State	Zip Code	Transaction ID: PR766023721375
Alexandria	VA	22314-4142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior A	n ssociate Director, Policy	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	30 0	420.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	IW		10 15 2008
City	State	Zip Code	Transaction ID: PR801366321375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior A	n ssociate Director Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		294.00	P/R Deduction (\$14.00 Bi-
Other (specify) ▼		294.00	Weekly)
SUBTOTAL of Receipts This Page (optional) .			57.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	lse separate schedule(s) or each category of the vetailed Summary Page	FOR LINE NUMBER: PAGE 71 / 87 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky			Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700			10 15 2008
City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR876637221375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Preside	nt, Legislative Affairs	
Receipt For:	Aggregate Yea		
Primary General Other (specify) ▼		294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700	W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: PR936292321375
Washington  FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  14.00
Name of Employer American Hospital Association-Washingt Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Director of O Aggregate Yea	•	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)	0 0 0	0 0 0 0 0 0	, we construct the second of t
Mr. David A. Strickland  Mailing Address One N. Franklin Street	t		Date of Receipt
City Chicago	State II	Zip Code 60606	1 0 1 5 2 0 0 8 Transaction ID: PR939603921375
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period  14.00
Name of Employer American Organization of Nurse Executi	Occupation Director of O	perations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		42.00
			56133.04

TOTAL This Period (last page this line number only) .....

A.

PAGE 72 / 87 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal) Date of Receipt Mailing Address 2901 North Central Avenue 10 2008 14 Suite 900 City State Zip Code Transaction ID: 16024601 **Phoenix** ΑZ 85012 Amount of Each Receipt this Period FEC ID number of contributing 14900.00 C C00217687 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date General Primary 28800.00 Other (specify) Full Name (Last, First, Middle Initial) В. Wisconsin Hospital Association Federal PAC Date of Receipt Mailing Address 5510 Research Park Drive 03 2008 City State Zip Code Transaction ID: 16055503 Madison WI 53725-9038 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 C C00359455 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date Primary General 8000.00 Other (specify)

		470000
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	17900.00
TOTAL This Period (last page this line number only)	<b>•</b>	17900.00

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		R:			PA	GE	73 / 8	37	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	22 28a	П	23 28b		24 28c	П	25 29	$\boldsymbol{\sqcup}$	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						the pu				ing co			<u>                                     </u>	
NAME OF COMMITTEE (In Full) American Hospital Association PAC														
Full Name (Last, First, Middle Initial) American Express  Mailing Address Ste. 001						Trans Date of		sburse				0 0 0	Y	
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Merchant Bankcard  Mailing Address 1601 Elm Street						Date of		sburse	-			o ŏ 8	3 Y	
City Dallas	State TX	Zip Code 75201				Amou	nt o	f Each	Disl	burse	nen	t this F	Period	<u> </u>
Purpose of Disbursement Merchant Fees Candidate Name	17	73201		-	01 egory/							80.40	)	
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## **SCHEDULE B (FEC Form 3X)**

District:

FOR LINE NUMBER: PAGE 74/87 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 25 26 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 16023122 Merchant Bankcard Date of Disbursement 06 1<sup>™</sup>0 2008 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period Dallas TX 75201 165.20 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Merchant Fees Primary General Senate President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	165.20
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN			R:		P	AGE	75 /	87	
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or for commercial purposes, other than using the han  NAME OF COMMITTEE (In Full)	ie aliu auules	ss of ally political	COIN	111	iillee lo S	OIIC	it COLIL	iDU(l	OII CIIO	JIII SUCII	CUIII	ıııııee		
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Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee							Date o	of Di	isburse		7337	7		
Mailing Address PO Box 360							1 <sup>M</sup> 0	M	0	7 /	Ž	o ŏ	3 <sup>Y</sup>	
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Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	16047	7417	7		
Thelma Drake For Congress							Date o	of Di	isburse	ement				
Mailing Address P.O. Box 61480							1 <sup>M</sup> 0	M	0	<sup>D</sup> /	` 2	o ŏ	3 1	
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	Mailing Address Post Office Box 9336						1 0		<u> </u>	5 7	7	. 2	ž 0 č 8	3
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	Mailing Address P.O. Box 182152						<sup>M</sup> 0	М	/ D	5 7	7	2	ž 0 č 8	3
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	Mailing Address P. O. Box 1919						<sup>M</sup> 0	М	/ D	) <del>7</del>	7	Y	ž 0 ŏ 8	3 Y
	City Janesville	State Zip Code WI 53547				Α	mou	ınt c	of Each	ı D	isbu	ursemei	nt this F	Period
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	Full Name (Last, First, Middle Initial) Heath Shuler For Congress					Trans Date of		sburs	_		46 2 0 0	o Y
	Mailing Address PO Box 8446											
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	Full Name (Last, First, Middle Initial) Brad Miller For United States Congres	s				Trans Date	of Di	sburs	ement			
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	Mailing Address P.O. Box 20174 Suite 321					1 0						
	City Houston	State Zip Code TX 77225				Amou	ınt of	Each	Disbu	irseme	ent this F	Period
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Pete King For Congress Committee				Transaction ID: 16048936 Date of Disbursement
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	City Seaford	State Zip Code NY 11783			Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Paul Tonko For Congress				Transaction ID: 16048938 Date of Disbursement
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